



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-11.0	Subject: CARE FOR THE TERMINALLY ILL
Reference: NCCHC Standard P-G-11, 2014, DOC policy 4.6.7 Medical Parole	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: June 1, 2017
Signature / Title: /s/ Cindy Hiner / Health Services Manager	
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I. PURPOSE

To provide palliative/hospice care for inmates who are diagnosed with a terminal illness and a prognosis of months rather than years.

II. DEFINITIONS

Hospice – a program that delivers palliative care (medical care and support services aimed at providing comfort). Treatment is focused on symptom control and quality-of-life issues rather than attempting to cure conditions.

Medical parole – the release of an inmate before the end of his sentence based on the inmate's terminal condition as authorized by the Parole Board.

Palliative care – medical care and support services aimed at providing comfort.

Terminally ill – refers to an inmate whose physical condition has deteriorated to the point where the prognosis is less than a year to live.

III. PROCEDURES

A. General requirements

1. Patients become eligible for palliative/hospice care when they are diagnosed with a terminal disease and have a prognosis measured in months rather than years.
2. The treating provider will discuss the diagnosis, prognosis, and treatment options with the patient which will include palliative/hospice care. Hospice care includes encouraging the patient to come to terms with his physical, mental, spiritual, and emotional capacity, while providing a safe, pain-controlled, and comfortable environment.
3. Enrollment into an offered palliative/hospice care program will be at the discretion of the terminally ill patient. When the patient is incapacitated, palliative/hospice care will automatically be initiated.
4. Patients diagnosed with terminal illness who choose not to participate in a palliative/Hospice care program will be provided with care respectful of physical, emotional, and spiritual needs specific to the end of life.
5. The Hospice Care Team will create a care plan for patients with terminal illness.
 - a. Members of the Hospice Care Team may include healthcare service staff, religious services staff, mental health staff, and security staff, and when appropriate, inmate workers.
 - b. All members of the Hospice/Palliative Care Team will have received appropriate basic hospice theory and techniques training.

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- c. Inmate workers providing services related to hospice/palliative care in the housing units will be properly trained and supervised by infirmary staff.
- d. Upon written request, Inmate workers who provide care to terminal patients will be provided opportunities for support through the religious services and mental health departments.
- e. Upon written request, Inmate workers sitting with terminal patients in the infirmary setting will be provided opportunities for support through religious services and mental health departments.
 - 1) Ongoing Hospice Care Team meetings will be scheduled as deemed necessary to reflect the changing needs of the patient care plan. Inmate workers will be included as necessary and appropriate for the on-going care needs of the patient.
 - 2) The care plan should include:
 - a) The desired goals and outcomes;
 - b) the patient's problems/issues/needs;
 - c) the frequency and type of services to be provided;
 - d) necessary pharmaceuticals;
 - e) any medical equipment to be provided; and
 - f) as security allows attention to language, culture, religion, and as much as possible inmate relationships with family, friends, and other inmates
- 6. Visits from family to terminally ill patients in the infirmary will be coordinated by Command Post and Health Services staff in accordance with *MSP 5.4.4, Inmate Visiting*.
- 7. Requests for medical parole for those patients diagnosed with a terminal illness will be processed in a timely and efficient manner pursuant to *DOC 4.6.7, Medical Parole*.
- 8. Support will be available to all staff involved in providing care to terminally ill inmates in accordance with *MSP 3.7.8, Post Trauma Response*, including critical incident stress debriefing.
- 9. Documentation of appropriate therapies and education for terminally ill inmates will be done on the progress notes in the health care record.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. ATTACHMENTS none